

PART B - FEE(S) TRANSMITTAL

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210 7590 06/06/2008

MERCK AND CO., INC
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<i>Kathleen A Reynolds</i>	(Depositor's name)
<i>Kathleen A Reynolds</i>	(Signature)
<i>8-11-08</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/533,272	04/28/2005	Ian James Collins	T1599YP	7510

TITLE OF INVENTION: CYCLIC SULFAMIDES FOR INHIBITION OF GAMMA-SECRETASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0 06/14/2008 CNGUYEN3 00000094 132755	\$1740	09/08/2008 10533272
EXAMINER	ART UNIT	CLASS-SUBCLASS		01 FC:1501	1440.00 DA	
CHUNG, SUSANNAH LEE	1626	514-255050		02 FC:1504	300.00 DA	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

William Krovatin
Raynared Yuro
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Merck Sharp & Dohme Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hoddesdon, Hertfordshire UK

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **13-2755** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Raynared

Date

August 11, 2008

Typed or printed name

Raynared Yuro

Registration No.

45,570

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